# CERTIFICATION OF VACCINATION
## FOR THE
## 4-H FERRET PROJECT

(To be completed by Veterinarian whose signature appears below.)

4-H’ers Name ___________________________  County or 4-H Show ___________________________

Address __________________________________________

(Street or P.O. Box)  (City)  (State)  (Zip)

Grade in School ____________
(as of January 1, of current year)

<table>
<thead>
<tr>
<th>Required for 4-H Show in Indiana:</th>
<th>Name of Ferret __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies</td>
<td>Color and Markings ______________________</td>
</tr>
<tr>
<td>Distemper</td>
<td>Vaccination Tag Number ____________________</td>
</tr>
<tr>
<td>Vaccination Date _______________</td>
<td>Breed ____________________</td>
</tr>
</tbody>
</table>

Sex:  m Male  m Castrated  m Female  m OVH(Spay)

Date of Birth _______________  Weight _______________

<table>
<thead>
<tr>
<th>Recommended Procedures</th>
<th>I hereby certify that the ferret described on this form has been vaccinated by a licensed/accredited veterinarian.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferret (is/is not) on a flea control program. ___________ Date__ (circle one)</td>
<td></td>
</tr>
<tr>
<td>Ferret (has/has not) been checked for ear mites,________ Date (circle one)</td>
<td></td>
</tr>
</tbody>
</table>

Date ___________  Signature of 4-H member ___________________________

Date ___________  Signature of 4-H parent verifies the above is complete and accurate ___________________________

Date ___________  Signature of Extension Educator verifies county 4-H Ferret Membership ___________________________

Veterinarian’s Signature ___________________________

Address ___________________________

City ___________________________  State ___________________________  Zip ___________________________

Date ___________  Phone ___________________________

: ___________________________

Signature of 4-H Ferret Project Leader ___________________________

Date ___________  Phone ___________________________

(This form to be brought by the 4-H member to all 4-H Ferret Shows.)

This form furnished courtesy of the Indiana Veterinary Medical Association.

For disability needs, please notify the Extension Educator whose name appears on this form.)